

## Foster Family Home - Corrective Action Report

Provider ID: 1-510877

Home Name: Sharlene Kaina, CNA

Review ID: 1-510877-6

53-910 A Kamehameha  
Highway

Reviewer: Sue Lo

Hauula HI 96717

Begin Date: 8/23/2017

End Date:

8/24/2017

### Foster Family Home


### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2 bed certification.

  
Compliance Manager

  
Primary Care Giver

8/23/2017  
Date

8/23/17  
Date